



UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF TEXAS		PROOF OF CLAIM
Name of Debtor <b>ASARCO, LLC</b>		Case Number <b>05-21207</b>
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <b>United States of America on behalf of the U.S. Environmental Protection Agency, Dept. of Agriculture, Dept. of the Interior, and the International Boundary and Water Commission</b> Name and Address where notices should be sent: <b>David L. Galt United States Dept. of Justice/ENBD/ECS P.O. BOX 7611 - BEN FRANKLIN STATION Washington, DC 20044-7611 Telephone Number: (202) 514-3644</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.
Account or other number by which creditor identifies debtor:		Check here if <input type="checkbox"/> replaces this claim <input type="checkbox"/> amends a previously filed claim, dated: _____
THIS SPACE IS FOR COURT USE ONLY		
<b>1. Basis for Claim</b> <input type="checkbox"/> Contribution, Indemnity or Guaranty <input checked="" type="checkbox"/> Environmental <input type="checkbox"/> Equipment Financing <input type="checkbox"/> Contract <input type="checkbox"/> Expenses <input type="checkbox"/> Goods sold <input type="checkbox"/> Goods Purchased <input type="checkbox"/> Letters of Credit or Surety Bonds <input type="checkbox"/> Litigation <input type="checkbox"/> Long Term Disability <input type="checkbox"/> Mechanic's Liens <input type="checkbox"/> Money Loaned <input type="checkbox"/> Personal Injury / Wrongful Death <input type="checkbox"/> Officer Indemnity <input type="checkbox"/> Other <input type="checkbox"/> Other Financing <input type="checkbox"/> Pension Insurance <input type="checkbox"/> Professional Fees <input type="checkbox"/> Reclamation Notices <input type="checkbox"/> Refund <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Taxes <input type="checkbox"/> Trade Payables <input type="checkbox"/> Unknown <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS# _____ Unpaid compensation for services performed from _____ to _____ <input type="checkbox"/> Collectively bargained obligations <input type="checkbox"/> Worker's Compensation		
<b>2. Date debt was incurred:</b> <u>See Attached</u>		<b>3. If court judgment, date obtained:</b> <u>See Attached</u>
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>See Attached</u> (unsecured) \$ <u>See Attached</u> (secured) \$ <u>See Attached</u> (priority) \$ <u>See Attached</u> (Total) If all or part of your claim is secured or entitled to priority, also complete Item 5 or 7 below. <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
<b>5. Secured Claim.</b> <input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <u>See Attached</u> Value of Collateral: \$ <u>See Attached</u> Amount of arrearage and other charges at the time case filed included in secured claim, if any: \$ _____		<b>7. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000), * earned within 180 days before the filing of the bankruptcy petition or cessation of the debtor's business, which ever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507 (a)(____).  * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. \$10,000 and 180-day limits apply to cases filed on or after 4/20/05. Pub. L. 109-8.
<b>6. Unsecured Nonpriority Claim</b> \$ <u>See Attached</u> <input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		THIS SPACE IS FOR COURT USE ONLY
<b>8. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		
<b>9. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.		
<b>10. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <b>07/29/2006</b>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any)  <b>David L. Galt Senior Attorney, U.S. Dept. of Justice/ENBD/ECS</b>	